

| POSITION | INITIALS | ID NO. | DATE |
|----------------------------------|------------|------------|-----------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | <i>LSW</i> | <i>32</i> | <i>2/1</i> |
| FORMALITY REVIEW | <i>SL</i> | <i>809</i> | <i>2/26/10</i> |
| RESPONSE FORMALITY REVIEW | <i>SK</i> | <i>835</i> | <i>05/09/10</i> |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------------|------|
| Final Original | |
| 1 ✓ | |
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| 3 ✓ | |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy